



HAMPTON CITY SCHOOLS

REQUEST FOR SCHOOL RECORDS

Date

TO:

Please forward all available records that you may have pertaining to the following student who has entered this school.

Name of Student _____

Grade _____

Date of Birth _____

Sincerely,

School Designee

1st Request _____

Name of School

2nd Request _____

Street

Hampton, Virginia _____
Zip Code

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PARENTAL PERMISSION TO RELEASE RECORDS

In accordance with the Family Rights and Privacy Act of 1974, I hereby give my permission to the above named school official to request release of my son's/daughter's records from your school. Such request for disclosure is for the purpose of enrollment, and shall include the following types of records: 1) Academic records including credits and grades earned to date of withdrawal, 2) Standardized Test Results, 3) All health records - especially immunization records, 4) Graduation requirements for your school system, 5) Discipline records, and 6) Scholastic records. Parental Permission is not required when authorized school personnel request records. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976)

In order to ensure the academic success of my child in the event my family relocates to another school district in state, out of state/country, or if my child attends another educational program such as G.E.D., Job Corps, or Youth Challenge I give Hampton City School Division permission to request all available academic records pertaining to my child's education.

Signature of Parent/Legal Guardian